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QM02/1031

Dorothy S. Moore 515 Park Drive NW Bradenton FL 34209-1847 Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

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APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER A	DATE MAILED	
09/512,096	02/24/00	020 DOUGLA	S, L	3752	10/31/00
First Named MAN , Applicant		35 USC 154(b) term ext	. = 0 Days.	

TITLE OF THE DELIVERY SYSTEM WITH MULTIPLE HEAD CAPABILITY INVENTION

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	Ξ	SMALL ENTITY	FEE DUE	DATE DUE	
2		239-100.000	U38	UTILITY	/	YES '\$6	20.00	01/31/01	
1.	Use of PTO form(s) and Customer Number are recommended, but not required. (1) the name attorneys of the name of PTO/SB/122) attached. (1) the name of the name o					ing on the patent front page, list less of up to 3 registered patent or agents OR, alternatively, (2) of a single firm (having as a registered attorney or agent) mes of up to 2 registered patent or agents. If no name is listed, no e printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY & STATE OR COUNTRY) Please check the appropriate assignee category indicated below (will not be printed on the patent) individual corporation or other private group entity government									
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